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## REISSUE PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 41145-1001 Address to: First Named Inventor GEORGE R. SCHWARTZ Assistant Commissioner for Patents Original Patent Number 5,916,242 **Box Reissue** Original Patent Issue Date Washington, DC 20231 06/29/99 (Month/Day/Year) Express Mail Label No. **APPLICATION FOR REISSUE OF:** Utility Patent Design Patent Plant Patent (Check applicable box) **APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS** Fee Transmittal Form (PTO/ SB/ 56) Statement of status and support for all changes 10. (Submit an original, and a duplicate for fee processing) to the claims. See 37 CFR 1.173 (c). Applicant claims small entity status. See 37 CFR 1,27. 11. Original U.S. Patent for surrender Specification and Claims in double column copy of patent Ribboned Original Patent Grant format (amended, if appropriate) Statement of Loss (PTO/SB/55) Drawing(s) (proposed amendments, if appropriate) Reissue Oath/Declaration (original or copy) Foreign Priority Claim (35 U.S.C. 119) 12. (if applicable) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) Information Disclosure Copies of IDS Power of Attorney 13. Statement (IDS)/PTO-1449 Citations 7. Original U.S. Patent currently assigned? English Translation of Reissue Oath/Declaration (if applicable) (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) Preliminary Amendment 37 C.F.R. § 3.73(b) Statement Return Receipt Postcard (MPEP 503) (PTO/SB/96) (Should be specifically itemized) CD-ROM or CD-R in duplicate, Computer Program (Appendix) 17. Other: or large table \* 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) Computer Readable Form (CFR) b. Specification Sequence Listing on: i ☐ CD-ROM (2 copies) or CD-R (2 copies); or ii □ paper Statements verifying identity of above copies 18. CORRESPONDENCE ADDRESS  $\boxtimes$ Customer Number or Bar Code Label or Correspondence address below Name PATENT TRADEMARK OFFICE Address Zip Code City State Fax Country Telephone

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231

Registration No. (Attorney/Agent)

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## U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Place February Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) REISSUE APPLICATION FEE TRANSMITTAL FORM 41145-1001 Claims as Filed - Part 1 Claims in Small Entity Other than a Small Entity Number Filed in Patent Reissue Application Rate Fee Number Extra Rate Fee **Total Claims** x\$<u>9</u>= 5 (A) (37 CFR 1.16(j)) or (D) (C) 2 Independent claims x\$40 =x \$ (37 CFR 1.16(i)) Basic Fee (37 CFR 1.16(h)) **Total Filing Fee** \$ \$ OR Claims as Amended - Part 2 (1)(2)(3) Small Entity Other than a Small Entity Highest Number Extra Claims Remaining Rate Fee Rate Fee Previously Claims After Amendment Present Paid For **Total Claims** = 14 MINUS 9 20 (37 CFR 1.16(j) Independent MINUS x\$40 x \$ Claims (37 CFR 1.16(i)) \$395 OR \$ **Total Additional Fee** \* If the entry in (D) is less than the entry in (C), Write "0" in column 3. \*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. \*\*\* After any cancellation of claims. \*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). \*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. in the amount of \_ A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 13-4213 A duplicate copy of this sheet is enclosed. A check in the amount of \$ 395.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. June 27, 2001 Signature of Applicant, Attorney or Agent of Record Stephen A. Slusher, 43,924 Typed or printed name

## REISSUE PATENT APPLICATION

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as Express Mail "Post Office to Address" service, having mailing label number EL847395679US in an envelope addressed to: Box Reissue, Commissioner for Patents, Washington, D.C. 20231, on the date indicated below.

E. Jenkins, Paralegal

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

GEORGE R. SCHWARTZ

Patent No.:

5,916,242

Issue Date:

June 29, 1999

For:

APPARATUS FOR RAPID COOLING

OF THE BRAIN AND METHOD OF

PERFORMING SAME

## REQUEST FOR ABSTRACT OF TITLE

Box: REISSUE Commissioner for Patents Washington, D.C. 20231

Sir:

N LJ.

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- 1. Please prepare a certified Abstract of Title, in respect of the above-identified original patent for placing in the official file of the Reissue application, which is filed herewith.
- For the fee required by 37 C.F.R. 1.19(b)(4), please find enclosed \$25.00. If any 2. additional fee is required, or any refund is appropriate, please charge such amount to Deposit Account No. 13-4213.

Respectfully submitted

Stephen A. Slusher, Reg. No. 43,924

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Direct line: (505) 998-6130

PEACOCK, MYERS & ADAMS, P.C. Attorneys for Applicant

P.O. Box 26927

Albuquerque, New Mexico 87125-6927

Telephone: 505-998-1500 Facsimile: 505-243-2542 Customer Number 005179

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